

Person Filing: _____
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City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner

Case Number: _____

TEMPORARY ORDER FOR

(Check all that apply)

- ☐ Legal Decision Making (custody)
☐ Parenting Time
☐ Child Support
☐ Spousal Maintenance/Support
☐ Property and/or Debt
☐ Attorney Fees

Name of Respondent

NOTICE: This is a Court Order that affects your legal rights and responsibilities. Read Carefully.
If you disagree with or you do not understand this Order, you may consult an attorney for assistance.

THE COURT FINDS:

1. A sworn ***"Motion for Temporary Orders"*** was filed with the court. The court read the Motion, scheduled a hearing, took testimony as appropriate, considered all relevant matters, and issues a Temporary Order.
2. This court has jurisdiction to enter temporary orders regarding legal decision making (custody), parenting time, child support, and/or spousal maintenance, property or debt, and has jurisdiction over the parties under the law. Where it has the legal power to do so and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to legal decision making (custody), parenting time, child support, spousal maintenance, property, and debt.
3. This order is based on the best interests of any minor children and/or the inability of one spouse to support him or her self or to maintain this action without financial assistance from the other spouse, and because the other spouse refuses to voluntarily provide support.
4. The relation of the party who requested these temporary orders to any children involved in this case is:

☐ Mother ☐ Father ☐ Other Relation: _____ and
if "Other", the name of that Person is: _____.

Wherever this Order refers to "Other" or "Other Person", it refers to the individual named above.

This Order applies to the children named below.

Month/Date/Year of Birth

5. **TEMPORARY CHILD SUPPORT:** The court, having considered the best interests of the minor child(ren), makes the following findings regarding payment of *temporary* child support:

☐ **In accordance with the Arizona Child Support Guidelines**, and based upon the Parent's Worksheet for Child Support, the person responsible for paying child support child support should pay \$_____ per month, **OR**

☐ **Deviation from the Child Support Guidelines is appropriate because:**

☐ Application of the **Guidelines** is inappropriate or unjust.

☐ The parties have signed a written agreement, free of duress and coercion, with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.

☐ The child support order would have been: \$ _____

☐ The child support order after deviation is: \$ _____

Other Reasons for Deviation from Guideline Amount:

6. **TEMPORARY SUPERVISED OR NO PARENTING TIME:** (if applicable)

Supervised Parenting time between the minor child(ren) and ☐Petitioner ☐Respondent or ☐Other, **OR**

No Parenting time between the minor child(ren) and ☐Petitioner ☐Respondent or ☐Other, is in the best interests of the minor child(ren) for the following reasons:

THE COURT ORDERS:

A. CUSTODY

☐ **Temporary Joint Legal Decision Making (Custody).** There having been no significant acts of domestic violence, Petitioner and Respondent are hereby awarded temporary **joint legal decision making (custody)** of the minor child(ren) with parenting time and physical custody ☐ subject to the attached Parenting Plan, **OR**

☐ **Temporary Sole Legal Decision Making and Physical Custody** of the minors named below is awarded as indicated below:

Petitioner	Respondent	Other	Names of Minor Children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. TEMPORARY PARENTING TIME (or for non-parent, "visitation").

☐ **Reasonable parenting time** to _____ according to the Parenting Plan attached. **(OR)**

☐ **Reasonable *visitation* time** to _____ according to the Parenting Plan attached *for a person other than parent*. **(OR)**

☐ **Supervised parenting time** (or visitation) to _____ **but only in the presence of the person named below or other person approved by the court.** **(OR)**

Name of Supervisor: _____

Restrictions: _____

The cost of supervised parenting time shall be paid by

☐ Petitioner or ☐ Respondent or ☐ Other: _____

OR

☐ **No parenting time** rights to ☐ Petitioner or ☐ Respondent ☐ Other

☐ **Other parenting time/visitation as Ordered by this Court:**

C. CHILD SUPPORT.

☐ **Mother** shall pay child support **to** the ☐ Father ☐ Other party

☐ **Father** shall pay child support **to** the ☐ Mother ☐ Other party

in the amount of \$_____ per month, payable on the first day of each month beginning the first day of month following the signing of this Order until further order of the court. All child support payments shall be made by Order of Assignment signed this date, along with the statutory handling fee, through the Support Payment Clearinghouse. Any time the full amount is not withheld, the "**Obligor**" (***the person obligated to pay***) remains responsible for the full monthly amount ordered, and shall make payments payable to and mail directly to:

Support Payment Clearinghouse
P. O. Box 52107
Phoenix, AZ 85072-2107

Payments must include the obligor's name, Social Security Number and ATLAS number. Payments not made through the Clearinghouse shall be considered *gifts* unless otherwise ordered by the Court.

D. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN

☐ **Father** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

☐ **Mother** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

Non-Covered Expenses: **Father** is ordered to pay _____ %, AND **Mother** is ordered to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

E. MEDICAL AND DENTAL CARE FOR OTHER SPOUSE

☐ **Petitioner** is responsible for providing: ☐ medical ☐ dental insurance (for other spouse).

☐ **Respondent** is responsible for providing: ☐ medical ☐ dental insurance (for other spouse).

All uninsured medical and dental expenses shall be paid as follows:

_____ % by Petitioner, and _____ % by Respondent.

F. SPOUSAL MAINTENANCE/SUPPORT shall be paid by ☐ **Petitioner** or ☐ **Respondent** to the other spouse in the amount of \$_____, due on or before the _____ day of every month until further order of this court.

G. ACCESS TO COMMUNITY LIQUID ASSETS (Cash or cash held in financial institutions, traveler's checks, lottery winnings) Wife and Husband shall have immediate access to community funds in the proportions (or dollar amounts) listed below, held in these banks or financial institutions named below:

Name of Financial Institution	Name of Account Holder	Total (\$) in Account	% or Dollar amount to Husband	% or Dollar amount to Wife
		\$		
		\$		
		\$		

H. DISCLOSURE OF COMMUNITY LIQUID ASSETS (Cash or cash held in financial institutions, traveler's checks, lottery winnings). The Petitioner and Respondent are ordered to disclose to the other party and to the court the name of all financial institutions where funds are held; the name in which the account is held; the account number; and the dollar amount in the account. (To guard against identity theft, financial account numbers may be presented on the **"Sensitive Data Sheet"**, which is not part of the public record.)

I. PAYMENT OF DEBTS shall be made as follows:

Creditor's Name (who the money is owed to)	Name(s) on Account	Total Amount Owed	Monthly Minimum Payment (\$)	% or \$ to be Paid by Husband	% or \$ to be Paid by Wife
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

J. EXCLUSIVE USE AND POSSESSION OF PROPERTY is granted as follows:

To Petitioner if marked under the "P"; to the Respondent if marked under the "R".

	P	R
Residence at: (list address) _____		
Car described as: _____		
Other Property: (describe) _____		
Other Property: (describe) _____		
Other Property: (describe) _____		

K. ATTORNEY FEES.☐ Petitioner or ☐ Respondent ☐ Other Party shall reimburse☐ Petitioner or ☐ Respondent ☐ Other Party for ☐ attorney fees in the amount of

\$ _____, to be paid as follows:

If the ☐ Petitioner or ☐ Respondent ☐ Other Party (named above) contests (files papers to disagree with) these Temporary Orders, he or she shall pay or reimburse the other party(ies) for the costs of defending or maintaining these Orders, including:

☐ attorney fees and ☐ _____.**L. THIS ORDER SHALL CONTINUE** in effect until further order of this Court or until this date: _____.

DONE IN OPEN COURT: _____.

JUDGE/COMMISSIONER OF THE SUPERIOR COURT